

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Mobile Dental Facility Renewal

You may renew your license online at www.pla.in.gov or complete and submit this form with the renewal fee of \$100 to the office address shown above. Include a \$50 late fee if postmarked after your license expiration. Allow at least 4 weeks for the processing of this paper form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that the foregoing information is true and we are in compliance with Indiana State Board of Dentistry statutes and rules.	
Signature of Office of Facility	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date